

PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

MOR-0241/HD0002 US

First Named Inventor

Luigi Grasso

COMPLETE IF KNOWN

Application Number

10/624,631

Filing Date

July 21, 2003

Art Unit

1645

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Methods for Generating Enhanced Antibody-Producing Cell Lines with Improved Growth Characteristics

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

07/21/2003

as United States Application Number or PCT International

Application Number

10/624,631

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
60/397,027	U.S.A.	07/19/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

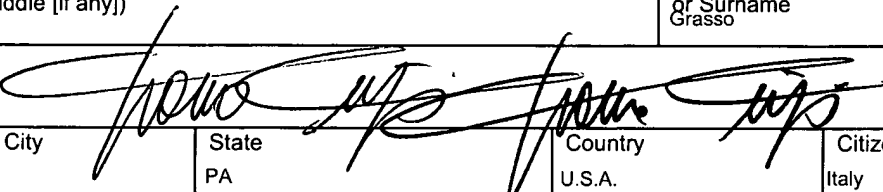
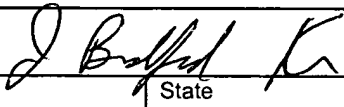
[Page 1 of 2]

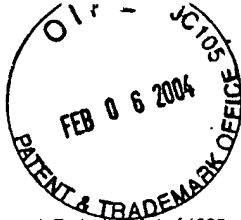
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/>				OR <input checked="" type="checkbox"/> Correspondence address below	
Name Morphotek Inc.					
Address 210 Welsh Pool Road					
City Exton		State PA		ZIP 19341	
Country U.S.A.		Telephone (610) 423-6100		Fax (610) 423-6199	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Luigi				Family Name or Surname Grasso	
Inventor's Signature 				Date 2-6-04	
Residence: City Bala Cynwyd		State PA		Country U.S.A.	
				Citizenship Italy	
Mailing Address					
City		State		ZIP	
				Country	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) J. Bradford				Family Name or Surname Rine	
Inventor's Signature 				Date 2/6/04	
Residence: City Norristown		State PA		Country U.S.A.	
				Citizenship United States	
Mailing Address					
City		State		ZIP	
				Country	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					



PTO/SB/02A (08-03)

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**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Nicholas C.		Nicolaidis	
Inventor's Signature <i>Nicholas C. Nicolaidis</i>		Date <i>2-6-04</i>	
Boothwyn Residence: City	PA State	U.S.A. Country	United States Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Philip M.		Sass	
Inventor's Signature <i>Philip M. Sass</i>		Date <i>2-6-04</i>	
Audubon Residence: City	PA State	U.S.A. Country	United States Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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PTO/SB/81 (09-03)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/624,631
Filing Date	July 21, 2003
First Named Inventor	Luigi Grasso
Title	Methods For Generating Enhance
Art Unit	1645
Examiner Name	Not yet Assigned
Attorney Docket Number	MOR-0241/HD0002 US

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Patrick J. Farley	42,624
John W. Caldwell	28,937
Felicity E. Groth	47,042

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name Patrick J. Farley

Address Morphotek Inc.

Address 210 Welsh Pool Road

City Exton State PA Zip 19341

Country U.S.A.

Telephone (610) 423-6100 Fax (610) 423-6199

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name Nicholas C. Nicolaidis

Signature

Date February 6, 2004

Telephone (610) 423-6100

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

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**SIGNATURE of Applicant or Assignee of Record**

Name	J. Bradford Kline
Signature	<i>J. Bradford Kline</i>
Date	February 6, 2004
Telephone	(610) 423-6100

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**SIGNATURE of Applicant or Assignee of Record**

Name

Philip M. Sass

Signature

Date

February 6, 2004

Telephone

(610) 423-6100

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Signature

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